HONORING NEW PENSACOLA CHIEF OF POLICE, JERRY W. POTTS

HON. JOE SCARBOROUGH

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 23, 1999

Mr. SCARBOROUGH. Mr. Speaker, across America, the peace and prosperity enjoyed by our citizens owes much to the tireless efforts by our law enforcement personnel. And in my hometown of Pensacola, Florida, the proud policemen that preserve the peace in our community are led by a great American, Jerry W. Potts.

Chief Potts brings a positive reassuring style of leadership to his job while exhibiting a strength of character in his personal and professional life. Chief Potts' professional and personal life has been characterized by excellence, leadership and service to others. His public service began in earnest in 1965 when he joined the U.S. Army 82nd Airborne Division. The leadership skills he developed in the service quickly transferred to excellence in law enforcement.

Chief Potts began his law enforcement career in 1973 when he joined the Pensacola Police Department as a dispatcher. Jerry quickly worked his way up the ranks being promoted to police officer, Sergeant, Assistant Chief of Police, and early this year, Chief of Police.

Jerry Potts' service to others goes beyond law enforcement. Chief Potts has always been involved in our community. He has served on the Judges' Task Force for Children, the mayor's Task Force on Community Values, and the Board of Governors for Fiesta of Five Flags.

Mr. Speaker, by any measure of merit, Chief Potts is one of America's best and brightest law enforcement professionals, and he will continue to be an asset for Northwest Florida in his new role. As a father of two young boys, I sleep better at night knowing that our streets are safer and that our children are protected because of his life-long efforts.

Chief Jerry Potts has devoted his life to preserving the public safety enjoyed by the people of the City of Pensacola and the entire State of Florida. We are grateful for his continuing public service.

TRIBUTE TO JESSICA MARIE JENKINS

HON. ANNA G. ESHOO

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 23, 1999

Ms. ESHOO. Mr. Speaker, I rise today to honor Jessica Marie Jenkins, an extraordinary citizen of San Mateo County, California, who will be inducted into the San Mateo County Women's Hall of Frame on Friday, March 26, 1999.

Jessica Marie Jenkins is a brilliant high school student who has earned National Merit Semifinalist status. Jessica entered high school with an aggressive plan to take the most challenging courses offered. She has set high goals for herself despite the fact that she is legally blind.

While maintaining a heavy academic load, Jessica volunteers in a local business and at the Peninsula Center for the Blind and Visually Impaired, where she teaches Braile and helps organize youth group activities. She's a leader in her church where she serves as a Eucharistic Minister. An accomplished pianist, Jessica is a thoughtful person, always willing to help anyone, whether they need a tutor or a friend. Jessica's future plans are to combine her interests in community building, and the rights of the disabled and international relations to benefit others.

Mr. Speaker, Jessica Marie Jenkins is an outstanding young woman and I salute her for her remarkable contributions and commitment to our community. I ask my colleagues to join me in honoring her on being named a Young Woman of Excellence by the San Mateo County Women's Hall of Frame.

INTRODUCTION OF THE ALL-PAYER GRADUATE MEDICAL EDUCATION ACT

HON. BENJAMIN L. CARDIN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 23, 1999

Mr. CARDIN. Mr. Speaker, I rise today to introduce the All-Payer Graduate Medical Education Act, legislation that improves the funding of America's teaching hospitals and eases the burden on the Medicare Trust Fund.

We have recently learned that medical care costs will double in the next ten years. Health care budgets, including Medicare, will be caught in the vise of increasing costs and limited resources. We must try to restrain the growth of Medicare spending, while protecting our teaching hospitals that rely on Medicare and Medicaid as major sources of funding for graduate medical education (GME).

America's 125 academic medical centers and their affiliated hospitals are vital to the nation's health. These centers train each new generation of physicians, nurses and allied health professionals, conduct the research and clinical trials that lead to advances in medicine, including new treatments and cures for disease, and care for the most medically complex patients. To place their contributions in perspective, academic medical centers constitute only two percent of the nation's non-federal hospital beds, yet they conduct 42% of all of the health research and development in the United States, provide 33% of all trauma units and 31% of all AIDS units. Academic medical centers also treat a disproportionate share of the nation's indigent patients.

To pay for training the nation's health professionals, our academic medical centers must rely on the Medicare program. But Medicare's contribution does not fully cover the costs of residents' salaries, and more importantly, this funding system fails to recognize that graduate medical education benefits all segments of society, not just Medicare beneficiaries. At a time when Congress is revising the Medicare program to ensure that the Hospital Insurance Trust Fund can remain solvent for future generations, GME costs are threatening to break the bank.

The All-Payer Graduate Medical Education Act distributes the expense of graduate medical education more fairly by establishing a Trust funded by a 1% fee on all private health care premiums. Teaching hospitals receive approximately $3 billion annually in additional GME payments from the Trust, while Medicare's annual contribution to GME decreases by $1 billion. The current formula for direct graduate medical education payments is based upon cost reports generated more than 15 years ago, and it unfairly rewards some hospitals and penalizes others. This bill replaces the current formula with a fair, national system for direct graduate medical education payments based upon actual resident wages. Children's hospitals, which have unfairly received only very limited support for their pediatric training programs, will receive funding for their GME programs.

Critics of indirect GME payments have sought greater accountability for the billions of dollars academic medical centers receive each year. The All-Payer Graduate Medical Education Act requires hospitals to report annually on their contributions to improved patient care, education, clinical research, and community services. The formula for indirect GME payments will be changed to more accurately reflect MedPAC's estimates of true indirect costs.

My bill also addresses the supply of physicians in this country. Nearly every commission that has studied the physician workforce has recommended reducing the number of first-year residency positions to 110% of the number of American medical school graduating seniors. This bill directs the Secretary of HHS, working with the medical community, to develop and implement a plan to accomplish this goal within five years. In doing so, we ensure that rural and urban hospitals that need residents to deliver care to underserved populations receive an exception from the cap.

Medicare disproportionate share payments are particularly important to our safety-net hospitals. Many of these hospitals, which treat the indigent, are in dire financial straits. This bill reallocates disproportionate share payments, at no cost to the federal budget, to hospitals that carry the greatest burden of poor patients. Hospitals that treat Medicaid-eligible and indigent patients will be able to count these patients when they apply for disproportionate share payments. In addition, these payments will be distributed uniformly nationwide, without regard to hospital size or location. Rural public hospitals, in particular, will benefit from this provision.

Finally, because graduate medical education encompasses the training of other health professionals, this bill provides for $300 million annually of the Medicare savings to support graduate training programs for nurses and other allied health professionals. These funds are in addition to the current support that Medicare provides for the nation's diploma nursing schools.

The All-Payer Graduate Medical Education Act creates a fair system for the support of graduate medical education—fair in the distribution of costs to all payers of Medicare, fair